

TRAVEL EXPENSE CLAIM

-CIVILCODE SECTION 1798.17

STD. 262 (Rev 6/93) DMH-001

Page 1 of 1

CLAIMANT'S NAME Stephen W. Mayberg			SSN OR EMPLOYEE NUMBER* 461-500-1641-001			DEPARTMENT Mental Health		
POSITION Director		CBID E99		DIVISION OF BUREAU Director's Office				INDEX NUMBER 461-500
RESIDENCE ADDRESS* on file				HEADQUARTERS ADDRESS 1600 Ninth Street				TELEPHONE NUMBER 654-2309
CITY Sacramento		STATE CA	ZIP CODE 95814					

(1) MNTH/YR Oct. 2009		(3)	(4)	(5) MEALS			(6)	(7) TRANSPORTATION					(8)	(9)
(2)		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK-FAST	LUNCH	O.T.,L/T, N/C,RELO, OR DINNER	INCIDENTALS	(A)	(B)	(C)	(D)		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME							COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	MILES	AMOUNT		
10/8	1300	San Francisco	186.10					10.00	pc cab					196.10
10/9	1930	return		6.00	10.00	18.00					173	95.15		129.15
10/14	1245	Los Angeles	125.55			18.00		*252.20	pc ca		12	6.60		402.35
10/15	1045	return		6.00						9.00				15.00
10/15	1045 1300	Folsom return							pc		70	38.50		38.50
10/22	0450 1930	San Diego return		6.00		18.00		*347.20 25.00	pc/ca cab	9.00	45	24.75		429.95
			311.65	18.00	10.00	54.00		634.40		18.00		165.00		1211.05
COL CODE (Acctg Use Only)														

(Less Direct Pay) Reimbursement Request:**611.65**

(11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required)

10/8 - Director to meet with SF Superior Court Judge to discuss CONREP issues.
 10/9 - Director to chair the Task Force for Criminal Justice Collaboration meeting in SF.
 10/14- Director to participate at the Voice Awards event in Los Angeles.
 10/15 - Director to present at the California Mental Health Planning Council.
 10/22 - Director to present at the Summit of Integrating Care in San Diego.

* Direct pay




(12) Normal Work Hours
8:00 a.m. to 5:00 p.m.
 (13) Pvt Vehicle License #

On file
 (14) Mileage Rate Claimed

0.55

ONLY
 Paid by Revolving Check Number

I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with existing agreements and Department of Personnel Administration regulations, in the service of the State of California and that all items shown were for the official business of the State of California, and if a privately-owned vehicle was used, I have met the requirements as prescribed by S.A.M. Sections 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE 	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES 			DATE